

## Nevada State Board of Equalization <u>ASSESSOR</u> Petition for Appeal from the Decision of the County Board of Equalization

If you have questions about this form or the appeal process, please call: (775) 684-2160 Email completed form to: <a href="mailto:stateboard@tax.state.nv.us">stateboard@tax.state.nv.us</a> or Fax (775) 684-2020 Mail: State Board of Equalization, 1550 College Parkway, Carson City, NV, 89706

PROPERTY OWNERS MUST NOT USE THIS FORM. USE FORM 5101SBE

## Please Print or Type:

Part A. ASSESSOR INF	ORMATIC	N						
NAME OF ASSESSOR AND COUNTY TITLE	:							
NAME OF ASSESSOR REPRESENTATIVE					TITLE			
MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)					EMAIL ADDRESS:			
CITY		STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE FAX NUMBER		FAX NUMBER	
Part B. PROPERTY OWNER AND RESPONDENT INFORMATION								
NAME OF PROPERTY OWNER AS IT APPE	ARS ON THE TAX	ROLL:						
NAME OF RESPONDENT (IF DIFFERENT THAN PROPERTY OWNER LISTED ABOVE):					TITLE			
MAILING ADDRESS OF RESPONDENT (STREET ADDRESS OR P.O. BOX)					EMAIL ADDRESS:			
CITY		STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE	PHONE	FAX NUMBER	
☐ Limited Liability Compan☐ Other, please describe:_ The organization described The organization described  Part D. PROPERTY IDE  1. Enter Physical Address  ADDRESS	above was above is a	formed non-pro	under the law	ws of the State of _ on. □ Yes □		t or Governm	nental Agency	
2. Enter Applicable APN or Account Number from assessment notice or tax bill:  ASSESSOR'S PARCEL NUMBER (APN)  ACCOUNT NUMBER								
7.6025557777622776332777777				, , , , , , , , , , , , , , , , , , ,				
3. Does this appeal involve multiple parcels? Yes \( \Boxed{\text{No}} \\ \Does \text{No} \\ \Boxed{\text{List multiple parcels on a separate, letter-sized sheet.}} \end{array}								
If yes, enter number of parcels: Multiple parcel list is attached. □								
4. Check Property Use Ty	⁄pe: ☑							
□ Vacant Land □ Mobile Home (Not on foundation) □ Mining Property □ Industrial Property □ Industrial Property □ Industrial Property □ Personal Property □ Personal Property □ Possessory Interest in Real or Personal property								
5. Check Year and Roll Type of Assessment being appealed: ☑								
☐ 2022-2023 Secured Roll ☐ 2022-2023 Centrally-ass	essed Roll		_	Unsecured Roll Net Proceeds Roll		2021-2022 S	upplemental Roll	
Other years being appealed:  Be prepared to cite the legal authority, if any, that permits the State Board to consider appeals of taxable value from prior years.								
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For Clerk Use Only:

Form 5103SBE Assessor Appeal from CBE Last Revised 11-17-2021

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## Part E. VALUE OF PROPERTY

1417 21 77202 01 11701 21711							
	As established by	County Board of	Assessor: What is the value you seek? Write N/A on each				
	Equalization		line for values which are not being appealed.				
Property Type	Taxable Value	Assessed Value	Taxable Value	Assessed value			
Land							
Buildings							
Personal Property							
Total							

Total						
Part F. TYPE OF Check box which best d		ty of the State Board to	o take jurisdiction to	hear the appeal.		
County Board or the failuproperty.					ner is aggrieved at the action of the luation or non-assessment of othe	
NRS 361A.240(2)(b	): The under-or-over	valuation of open-space	use property is being	appealed		
					a higher use and for valuations for 16 and the appeal was heard by the	
NRS 361.360(1); NA	AC 361.747(2)(c): The	property was denied ar	exemption that is allo	owed by law. If so, d	lescribe the applicable exemption:	
Other reason, please	e describe.					
Part G. ATTACH A IN THIS APPEAL.  Part H. COUNTY		-	ER DESCRIBIN	IG THE ISSUE	S AND CONTENTIONS	
County in which appeal was hea	rd:	County Case Number:	County Case Number:		Date Heard by County:	
		VERIF	ICATION			
I verify (or declare)	under penelty a	.f				
	, including any	accompanying sta			that the foregoing and all e, correct, and complete to	
information hereon	, including any	accompanying sta				